PTO/SB/06 (08-03)

Approved for use through 7/31/2005, OMB 0651-0032
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		ENT APPLIC		e for Form PTO					10/2	وريورور	δ
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY	
	FOR NUMBER FILED NUMB				BEXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					L		s	OR		5	
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =						x s=		OR	x s=		
INDEPENDENT CLAIMS (37 CSR 176(b)) minus 3 =						x s		OR	x s=		
	, ,	NT CLAIM PRESEN		CFR 1.16(d))			/5 =		OR	/s_=	
		olumn 1 is less tha		er *0* in column 2		Ŀ	TOTAL		OR	TOTAL	
1	amot ci	AIMS AS AME	ENDED -	- PART II							
3	-16-05	(Column 1)		(Column 2)	(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL	
NT A		CLA!WS REMAINING AFTER AMENDMENT	ï	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ا	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total (37 CFR 1.16(c))	. 5	Minus	47	= 9		x s=		OR	x s=	
ä	Independent (37 CFR 1.16(b))	. 2	Minus	<u>5</u>	= 1 Q		x s=		OR	x s=	$\Delta$
Æ	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF	R 1.16(0))		+5 =		OR	+ 5=	13
	1				1		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	.,
		(Column 1)		(Cotumn 2)	(Column 3)		·		7		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMENT	Total (37 CFR 1,16(2))		Minus	••	=		x \$=		OR	x s=	
EN C	Independent (37 CFR 1,16(b))	•	Minus	***	=		x \$=		OR	x s=	
Ā		FATION OF MULTIPL	E DEPENDI	ENT CLAIM (37 CF	R 1,16(d))		+5=		OR	+ 5=	
	·I	<u> </u>					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)				_		
AMENDMENT	1	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE.	ADDI- TIONAL FEE		· RATE	ADDI- HÖNAL FEE
		·	Minus	••	=		x s=		OR	x s=	
	Independent (37 CFR 1.16(b))	•	Minus	•••	=		x s=		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ 5=		OR	+ \$=	ļ
							TOTAL ADD'L FEE	-	OR	TOTAL ADD'L FE <b>E</b>	1

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For" (Total of Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application of Optice Number 10/038038 42390 . P13/50

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CLARIS AS FILED - PART I (Column 2)								SMALL ENTITY TYPE			OTHER THA		
TOTAL CLAIMS			42				F	TATE	FEE	1	RATE	FEE	
FOR			MAGER	ereo	MUMBER EXTRA		94	DC FEE	370.00	on	BASIC FEE	740.00	
π	TAL CHURGE	47 minus 20=		27		1	<b>48</b> -		OR	X\$18=			
DVI	DEPENDENT C	LAIMS	s minue 3 =		2		7	(42=		OR	X84=		1
MA	MULTIPLE DEPENDENT CLASM PRESENT									OR	+280=		
• 8	the difference		OTAL		OR	TOTAL							
3	CLAIMS AS AMENDED - PART II										OTHER		
	3.26	(Column 1)		(Cohe		(Column 3)	S	HALL	YIIIK	OR	SMALL	ENTITY	l
AMENDMENTA		REMARKS AFTER AMENDMENT		PREVIO	BER OUSLY	PRESENT EXTRA	. 8	ate	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	.36	Minus	-4	7	-0	×	39=		OR.	X\$18=	1	
AME	Independent	• 4	Minus	<b>-</b> 5		• 0	,	A2=	$\Lambda$	OR	X094=	X	
	FIRST PRESE		140±.		OR	+280=							
ス	motory 11704						400	TOTAL IL FEE		~	TOTAL		
7	ma-64	(Column 1)		(Cotur	m 2)	(Column 3)	~~	IL PEEL			ADOIL FEEL		
		CLAMS		HUGH	251	PRESENT			ADDI-	1		ADOI-	
E		AFTER AMENDMENT		PREVIO	XUSLY	EXTRA	A	ATE	TIONAL		RATE	TIONAL	
AMENDMENT 8	Total	. 36	Minus	-4	7	· Ø	×	\$ 9=		OR	XSTBE		
	Independent	. 4	Minus	<b></b> 5	5	· Ø .	×	42s	X	CS.	X84=	$\mathbf{X}'$	
L	PAST PAESE	NTATION OF MR	ATIPLE DEF	BIDENT	CLAIM			-4					
	HX	11-						40-	$\rightarrow$	PO	+280=		
	1-28	5-05						T. FEE		OR	DOT. FEE		
_		(Column I)		(Cotus		(Calumn 3)							
AMENDMENT C		REMADENO AFTER AMENDMENT		PREVIO	BER	PRESENT EXTRA	R	ATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
5	Total	.21	Minus	-4	7.	- Ø	×	9=		OR	X\$18=		
	Independent	• 5	Minus		5	·ca	X	12-	V	OR	X84=		
Ľ	FIRST PRESE			<del>;/\</del>	UH	4	+						
• ;	il the entry in colo		40= 10724		OR'	+280= TOTAL							
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADOIT, FEE ADOIT, FEE ADOIT, FEE  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											·		
						·	2	45	- PM - VI				